



## PART B - FEE(S) TRANSMITTAL

C mplete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Write Legibly and use only with any corrections or use block 1)

24247 7590 07/01/2003  
TRASK BRITT  
P.O. BOX 2550  
SALT LAKE CITY, UT 84110

## NOTICE OF EXPRESS MAILING

Express Mail Mailing Label Number: EV 326918840 US  
Date of Deposit with USPS: October 1, 2003  
Person making Deposit: Chris Houghton

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/046,671	01/14/2002	Hendrik Johannes Boot	2183-5238US	9315

TITLE OF INVENTION: MOSAIC INFECTIOUS BURSAL DISEASE VIRUS VACCINES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	10/01/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
PARK, HANKYEL	1648	435-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. TraskBritt  
2. \_\_\_\_\_  
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ID=Lelystad, Instituut voor Dierhouderij Lelystad, The Netherlands  
en Diergezondheid B.V.

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ Publication Fee

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(Authorized Signature)

(Date)

Allen C. Turner, Reg. No. 22,041

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10/08/2003 DERHANUE 00000177 201469 10046671

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